

FILED

MAR 14 2025

Missouri Public
Service Commission

FORMAL COMPLAINT FORM

Attach extra pages as necessary.

BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI

Bobby/margaret ARMOUR,
(Your name here)

Complainant,

v.

SPIRE GAS. CO.

(Utility's name here)

Respondent,

File No.

(PSC fills this in)

FORMAL COMPLAINT

1. Complainant resides at:

(Address of complainant)

(City)

(State)

(Zip Code)

2. The utility service complained of was received at:

a. Complainant's address listed in paragraph 1.

b. A different address:

(Address where service is provided, if different from Complainant's address)

(City)

(State)

(Zip Code)

3. Respondent's address is:

SPRIG Gas Company
(Address of complainant)

ST. LOUIS
(City)

W/O,
(State)

(Zip Code)

4. Respondent is a public utility under the jurisdiction of the Missouri Public Service Commission.

5. The amount at issue is: \$
(If your complaint is about money state how much is in dispute here.)

6. Complainant now requests the following relief:

(Explain what you want the Commission to do; the specific results you are seeking in this complaint.)

to make the right adjustment to our bill, and never do this again, we have always paid our bill. Why would they do something like this

7. The relief requested is appropriate because Respondent has violated a statute, tariff, or Commission regulation or order, as follows:

(Explain why the Commission should grant the relief you seek: the facts that constitute a violation of a statute, tariff, or Commission regulation or order.)

Billing is NOT to be like this

8. The Complainant has taken the following steps to present this matter to the Respondent:

(Please describe in detail what steps you have already taken to resolve this complaint.)

Filing a Complaint This is the second complaint we
had to file. 2745 Wheaton.

8-1-2025

Date _____

Complainant's Phone Number

Alternate Contact Number

Bally Demar / MURRAY ARMOUR WIFE
Signature of Complainant

Signature of Complainant

Bobby LaMeur
Complainant's Printed Full Name

Complainant's Printed Full Name

Complainant's E-mail Address

Attach additional pages, as necessary. Attach copies of any supporting documentation. Do not send originals of any supporting documentation.

Bobby Armour



Retail



65101

RDC 99

U.S. POSTAGE PAID
FCM LETTER
SAINT LOUIS, MO 63114
MAR 08, 2025

\$0.73

S2324P503795-8

RECEIVED

MAR 13 2025

MO PUBLIC SERVICE COMMISSION
MAIL ROOM

Missouri Public Service
200 Madison Street
Jefferson City, MO 65101

65101-325465

